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ABSTRACT

This publication presents the efforts and results of leading large employers to improve the health of mothers and children. Section 1 profiles the pioneering efforts and innovative practices of seven large employers and one business group: Haggar Clothing Co.; Honeywell Inc.; Los Angeles Department of Water and Power; Monfort, Inc.; First Chicago NBD; Kellogg Company; Texas Instruments; and Dallas-Fort Worth Business Group on Health. Each case study presents the impetus for the program, how it was developed and who was involved, program experiences, tips for success, and additional resources. Section 2 offers brief profiles of seven other employers who have experienced a very positive return on their investment in material and child care: Champion International Corporation; CIGNA; E.A. Miller; Franklin Life Insurance Co.; Marriott International Inc.; Motorola; and Sunbeam-Oster Appliance Company. Section 3 spotlights these topics: "Breastfeeding Support at the Workplace Can Have Bottom Line Impact"; "A New Corporate Strategy: Promoting Healthy Babies before Conceptions"; "Purchasing Value in Maternal and Child Health Programs"; and "Compelling Reasons to Invest in Maternal and Child Health." Section 4 lists some tips for success. Appendixes include members of the Purchasers and Technical Advisory Boards, a list of 22 resource organizations, and 59 notes. A corporate index follows the table of contents. (YLB)

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WASHINGTON
BUSINESS GROUP
ON HEALTH

Business, Babies & the Bottom Line:

Corporate Innovations and Best Practices in Maternal and Child Health

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BUSINESS GROUP
ON HEALTH

Business, Babies & the Bottom Line:

Corporate Innovations and Best Practices in Maternal and Child Health

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October 1996

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Preface

The Washington Business Group on Health (WBGH) developed this report to showcase and stimulate corporate innovations to improve maternal and child health. We designed this publication to help human resource professionals, benefits managers, corporate medical directors, public health officials and policymakers become more knowledgeable about why and how employers are developing innovative, cost-effective, quality approaches to enhance maternal and child health.

Since 1990, WBGH's National Business Partnership to Improve Family Health, under the direction of Miriam Jacobson, has worked to stimulate creative programs and spotlight corporate innovations in maternal and child health. The partnership is a private/public collaboration with funding from WBGH member companies and the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

WBGH is the only national nonprofit organization devoted exclusively to the analysis of health policy and related worksite issues from the perspective of large employers. WBGH represents employers in promoting performance-driven health care systems and competitive markets that improve the health and productivity of companies and communities. Business group members, *Fortune* 500 and large public sector employers, include the nation's most innovative, sophisticated and successful health care purchasers who provide health care coverage for more than 39 million U.S. workers, retirees and their families.

WBGH promotes the development of organized systems of care that integrate the financing and delivery of a full range of care and are accountable for the treatment outcomes for and health status of their enrolled populations. WBGH provides a forum for the exchange of information on innovations and best practices that increase corporate competitiveness and productivity. WBGH helps large employers become informed purchasers and quality-conscious innovators in an effort to ensure that corporate, employee and public dollars are spent efficiently on high-quality health care.

This report can help employers better understand the impact of poor health and absenteeism on cost and productivity and can encourage companies to adopt an integrated approach to benefits and services that support employee, retiree and family health.

We hope the creative ideas and successes of the companies profiled here will stimulate your thinking and encourage you to invest in maternal and child health.

Mary Jane England, M.D.
President

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Business, Babies & the Bottom Line: Corporate Innovations and Best Practices in Maternal and Child Health is produced by the National Business Partnership to Improve Family Health of the Washington Business Group on Health (WBGH), in conjunction with funding from the **Maternal and Child Health Bureau** under MCU #116044-06, **Pharmacia & Upjohn, Inc.** and the **March of Dimes Birth Defects Foundation**. The U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, is the principal Federal focus for planning, implementation and oversight for national maternal and child health policies. Pharmacia & Upjohn, Inc. is a research-based, pharmaceutically-focused company dedicated to helping people around the world live longer and fuller lives. In its effort to improve the health of mothers and babies nationwide, the March of Dimes Birth Defects Foundation is working with American businesses to improve pregnancy outcomes and lower childbirth-related health care costs.

Mary Hebert Kolarek, WBGH, and Bonnie Newton, Newton • Rossello Associates, join me in thanking the companies and their representatives who generously shared their insights and experience.

Business Health Care Action Group, Ann Robinow

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Marriott International Inc., Maureen Brookbank, Donna Klein

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Motorola, Kathy Stefanski

Sunbeam-Oster Appliance Company, J.B. McElwee

Texas Instruments, Marsha McCabe, Lola Chriss, Priscilla Barnes*

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Miriam Jacobson
Director
National Business Partnership to Improve Family Health
Washington Business Group on Health

Contents

Corporate Index vi

Executive Summary vii

Introduction 1

Innovative Practices

Haggar Clothing Co.: Continuous Quality Assessment and Improvement 5
Honeywell Inc.: A Leader in Community Partnership 9
Los Angeles Department of Water and Power: Men Have Babies Too 13
Monfort, Inc.: Partnering with the Public Sector 15
Dallas-Fort Worth Business Group on Health: Defining Value 19
First Chicago NBD: A Leader in Strategic Health Information Management 21
Kellogg Company: We Are Family 25
Texas Instruments: Promoting Health Excellence through Teaming 27

Bottom Line Results

Champion International Corporation 29
CIGNA 29
E.A. Miller 30
Franklin Life Insurance Co. 30
Marriott International Inc. 30
Motorola 30
Sunbeam-Oster Appliance Company 31

Spotlights

Breastfeeding Support at the Workplace Can Have Bottom Line Impact 33
A New Corporate Strategy: Promoting Healthy Babies before Conception 34
Purchasing Value in Maternal and Child Health Programs 36
Compelling Reasons to Invest in Maternal and Child Health 38

Tips for Success 40

National Business Partnership to Improve Family Health

Purchasers Advisory Board 42
Technical Advisory Board 43

Resources 45

Notes 48

Order Form 51

Corporate Index

Business Health Care Action Group 36
Champion International Corporation 29
CIGNA 29-30
Dallas-Fort Worth Business Group on Health 19-20
Delta Air Lines, Inc. 33, 42
Digital Equipment Corporation 36-37
E.A. Miller 30
Federal Express Corporation 30
Fidelity Investments 1, 42
First Chicago NBD 21-23, 34, 40, 42
Franklin Life Insurance Co. 30
Greater Detroit Area Health Council, Inc. 41, 42
Haggar Clothing Co. 5-7, 41
Honeywell Inc. 9-11, 40, 42
Kellogg Company 25-26, 41, 42, 49
Los Angeles Department of Water and Power 13-14, 29, 33, 41, 42
Marriott International Inc. 2, 30, 42
Monfort, Inc. 15-17, 34, 40, 41, 42, 48
Motorola 30-31
Sunbeam-Oster Appliance Company 31
Texas Instruments 27-28, 40
Trammell Crow Company 20, 42

Executive Summary

Business, Babies & the Bottom Line: Corporate Innovations and Best Practices in Maternal and Child Health presents the efforts and results of leading large employers to improve the health of mothers and children.

Companies have a vested interest in improving maternal and child health. Not only are they concerned about the health and productivity of their current workforce, but also that of future workers. Childbirth-related costs are the single largest component of health care costs for many employers. One unhealthy birth can cost anywhere from $20,000 to more than $1 million, compared to about $6,400 for a normal, healthy delivery. In addition to the direct health care costs, the related indirect costs of increased absenteeism, higher disability costs and lowered productivity magnify the problem. Consequently, many companies have implemented innovative programs aimed at ensuring good maternal and child health.

"In 1993, our highest individual claim was well over $200,000 for a premature newborn. Expenses for this newborn reached an additional $200,000 the following year. This is a good example of why we need to get our arms around the data and understand it so we can design appropriate programs to improve maternal and child health."

Kathleen Sheldon
Fidelity Investments

The pioneering efforts of seven large employers and one business group are profiled in this report: Haggar Clothing Co.; Honeywell Inc.; Los Angeles Department of Water and Power; Monfort, Inc.; First Chicago NBD; Kellogg Company; Texas Instruments and Dallas-Fort Worth Business Group on Health. Each case study presents the impetus for the program, how it was developed and who was involved, program experiences, tips for success and additional resources.

A variety of innovative initiatives are discussed:

- On-site ob/gyns
- Maternity risk assessment and management
- Breastfeeding support
- Outreach for early pregnancy identification
- Beepers for expectant fathers
- Family and preconceptional health risk appraisals
- Prenatal education classes
- Parenting and child safety classes
- Toll-free telephone resource lines
- Child care resources
- Postpartum home visits
- Work/family support
- Value purchasing.

Tip for Success

"The commitment to these programs must come from the top. The belief must be that this process is important for everyone, from the corporation to the associate and their family."

Anne Hunt
Haggar Clothing Co.

The employers are also using a wide range of incentives to encourage healthy behaviors such as

- Cash
- Infant and toddler car seats

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- Gift certificates
- First aid kits and
- Personalized baby blankets.

The companies profiled were chosen for their diversity in demographics, geography, industry and approach to maternal and child health. Yet some common threads emerged:

- An integrated and comprehensive effort
- A proactive design for early identification of potential problems
- Support of top management
- Program integration with corporate mission
- Family focus, not just women
- Comprehensive benefits
- Removal of financial barriers
- Employee involvement in the program design
- Continuous marketing
- Sophisticated evaluations
- Innovative partnerships.

Tip for Success

"Business can and should work with other resources in the community to solve problems. Working together helps everyone."

Lucille Gallagher
Monfort, Inc.

Business, Babies & the Bottom Line also shows how companies measure results and quantify their significant return on investment. First Chicago NBD reports that its program participants have lower health care costs, reduced C-sections, fewer low-birth-weight babies and shorter disability absences. The Los Angeles Department of Water and Power reports saving at least $2.50 for every $1 spent on work/family programs. The return on their breast-feeding support program is three-to-one due to earlier return to work and less employee absenteeism due to fewer sick babies. Honeywell Inc. documents a return on investment in its sick child care program of more than two-to-one. Motorola's "Special Delivery" program has demonstrated a three-to-one return on investment through a reduced preterm birth rate and lower delivery costs. Marriott International Inc. notes that for every ten calls to its resource and referral line, one employee won't quit. Federal Express concludes that its program is a success if one person calls, and a complication is identified early.

Other employers also report substantial savings: Champion International Corporation, CIGNA, E.A. Miller, Franklin Life Insurance Co. and Sunbeam-Oster Appliance Company. Not only are mothers and babies healthier, but employers are also experiencing reduced health care costs, decreased absenteeism,

"Even when a company is faced with stiff competition because of industry deregulation, there is real value in offering work and family programs to its employees. This investment in the well-being of employees and their families is a strategy for the future that a company cannot afford not to do."

Faye Washington
Los Angeles Department of Water and Power

shorter disability stays, reduced turnover and an enhanced image in the community. This helps make businesses more productive and competitive, resulting in a healthier bottom line.

Business, Babies & the Bottom Line is a publication of the Washington Business Group on Health's (WBGH) National Business Partnership to Improve Family Health. WBGH is the only national nonprofit organization devoted exclusively to the analysis of health policy and related worksite issues from the perspective of large employers. WBGH represents employers in promoting performance-driven health

care systems and competitive markets that improve the health and productivity of companies and communities. Business group members, *Fortune* 500 and large public sector employers, include some of the nation's most innovative, sophisticated and successful health care purchasers who provide health care coverage for more than 39 million U.S. workers, retirees and their families. Since 1990, WBGH's National Business Partnership to Improve Family Health has worked to stimulate creative programs and spotlight corporate innovations in maternal and child health. The Partnership, a private/public collaboration, is funded by WBGH member companies and the Health Resources and Services Administration's Maternal and Child Health Bureau. This report was funded by the Health Resources and Services Administration's Maternal and Child Health Bureau, Pharmacia & Upjohn, Inc. and the March of Dimes Birth Defects Foundation.

Introduction

The U.S. health care industry is undergoing dramatic change and reorganization mainly because of pressures exerted by large employers. Employers know that investing in the health of their employees, dependents and retirees improves corporate competitiveness and productivity. At the same time, they must wrestle with how to purchase the most value for their health care dollar. In 1995, 149 million Americans, 57 percent of the population, were covered by an employer-sponsored health plan. Total private employer health expenditures were projected at $573 billion for 1995 and $860 billion by the year 2000.[1]

Over the last 15 years, corporate purchasers have become major players in the health care marketplace, first influencing cost sensitivity in health care delivery and more recently helping to define quality and value. Similarly, large employers are at the forefront of innovation in maternal and child health programs. Childbirth-related costs represent the single largest component of health care expenditures for many employers, ranging from 10 percent to 49 percent.[2]

There are approximately four million births in the United States each year. Many costs associated with these births are preventable, unnecessary or inappropriate. Babies born too soon or too small can require increased hospital and provider resources, including time in a neonatal intensive care unit (NICU) at a cost ranging from $1,000 to $2,500 per day.[3] A severely ill newborn or one with birth defects can spend several weeks in a NICU, depending on the complexity of the health problem.[4] Add to this physician and other provider expenses, and costs quickly skyrocket.

More than 60 percent of private-sector preterm births and low-birth-weight cases are preventable (see "Compelling Reasons to Invest in Maternal and Child Health").[5] Every $1 spent on prenatal care could save more than $6 in neonatal intensive care costs.[6] To put this in the perspective of a single employer's health care costs, consider that one unhealthy birth can cost anywhere from $20,000 to in excess of $1 million, compared to about $6,400 for a healthy birth.[7]

Poor birth outcomes often subject children to lives of dependency, including physical and mental disabilities that may require considerable health, developmental and education support — much of which is funded directly or indirectly by employers. When combined with the indirect business costs of increased employee absenteeism, higher disability costs, low morale, lost productivity and greater turnover due to unhealthy pregnancies or ill infants, the toll on employers is significant.

"In 1993, our highest individual claim was well over $200,000 for a premature newborn. Expenses for this newborn reached an additional $200,000 the following year. This is a good example of why we need to get our arms around the data and understand it so we can design appropriate programs to improve maternal and child health."

Kathleen Sheldon
Fidelity Investments

Companies are coming face to face with these and other maternal and child health issues as never before. Women constitute 46 percent of the workforce,[8] and incur the majority of their hospitalizations during their working years (which generally include their reproductive years).[9] Deliveries are the number one reason for hospitalization for women.[10] The trend to have first children later in life (age 35 and over) compounds the medical issues, as these women are at greater risk for pregnancy complications than first-time mothers in their 20s.[11]

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Despite the potential to avoid complications, nearly one-quarter of pregnant women receive little or no prenatal care.[12] The fact that a company provides maternity coverage doesn't guarantee that employees seek early and regular care.

In an effort to raise awareness, many companies are providing prenatal education and related activities at the worksite. The larger the worksite, the greater the likelihood that the company will offer information or activities concerning prenatal education. A recent survey of private sector employers by Wyatt Data Services found that three-quarters of large companies provide some type of prenatal program.[13]

Tip for Success

"Justify programs to senior management from a business standpoint."

Maureen Brookbank
Marriott International Inc.

Leading companies are implementing a variety of innovative and comprehensive maternal and child health programs, including prenatal education, preconceptional and family health risk appraisals, maternity risk assessment and management, breastfeeding support services and facilities, financial incentives for early and appropriate prenatal care, on-site ob/gyns, toll-free telephone resource support lines, parenting classes, work/family support, postpartum home visits and value purchasing. These employers are reaping the rewards of investing in their current and future workforces. Their efforts not only can reduce health care costs, but also can: improve employee health and productivity, morale and recruitment; decrease absenteeism; help new mothers return to work earlier and enhance the image of the corporation.

Corporate Innovations and Their Common Threads

Since 1990, WBGH's National Business Partnership to Improve Family Health has worked to stimulate creative programs and spotlight corporate innovations in maternal and child health. The Partnership is a public/private collaboration with funding from WBGH member companies and the Health Resources and Services Administration's Maternal and Child Health Bureau.

WBGH is the only national nonprofit organization devoted exclusively to the analysis of health policy and related worksite issues from the perspective of large employers. WBGH represents employers in promoting performance-driven health care systems and competitive markets that improve the health and productivity of companies and communities. Business group members, typically *Fortune* 500 and large public sector employers, include the nation's most innovative, sophisticated and successful health care purchasers who provide health care coverage for more than 39 million U.S. workers, retirees and their families.

WBGH has developed this report to showcase and stimulate corporate innovations and creative strategies in maternal and child health. Because WBGH focuses exclusively on the health concerns of large employers, the companies profiled here are large — with workforces ranging from about 5,000 to more than 150,000 employees. They were chosen because of their diversity in demographics, geography, industry and approaches to maternal and child health. While each company has developed its own approach to addressing the issue, there are a number of common threads to their efforts.

- Most companies initially became involved with maternal and child health issues because of high costs, but have recognized additional benefits.
- Most utilize sophisticated methods to measure clinical and functional outcomes.
- Their maternal and child health programs were developed and implemented through the inte-

grated and coordinated efforts of managers from the medical, risk management, disability, human resources, work/family and health promotion departments of the organizations.

- Their health benefits are comprehensive, and they try to reduce financial barriers to seeking early and continuous prenatal care during pregnancy, such as eliminating or decreasing copayments and deductibles.
- They are proactive in the outreach and early identification of problem areas. They understand the importance of continuous, targeted, culturally appropriate communication and constantly seek opportunities to promote family health.
- They use incentives to encourage participation in preconception and/or prenatal education programs.
- They solicit employee and participant feedback and incorporate suggestions into program planning.
- They try to integrate maternal and child health programs with their corporate mission and actively solicit support from top management.
- They focus on the entire family, not just women.
- They develop innovative partnerships with health plans, public agencies and nonprofit community groups.

We hope the creative ideas and successes of the companies profiled here will stimulate your thinking and encourage further employer investment in maternal and child health.

Haggar Clothing Co.: Continuous Quality Assessment and Improvement

Dallas-based clothing manufacturer Haggar Clothing Co. has operated a prenatal care program since early 1988. Today the program combines comprehensive medical benefits — covering 100 percent of doctors' visits during pregnancy, doctors' delivery fees and prenatal vitamins — with early health risk assessment and prenatal education. The program also offers a range of financial incentives to further encourage regular doctor visits, precertification with Haggar's utilization review company and attendance at prenatal classes.

Tip for [illegible]

"Marketing is crucial. The design of the program can be great, but if no one uses it, the program doesn't matter."

Anne Hunt
Haggar Clothing Co.

Haggar's average cost per birth and paid claims have dropped substantially, and there are no pregnancy-related claims in the company's recent top 10 claims report. These successes haven't come all at once, however. Haggar's program evolved over the years and is a case study in how continued evaluation, measurement and modification can improve program quality and outcomes.

The Early Years

Haggar has some 4,500 employees, 95 percent of whom are female. It averages 300 births per year. When the company first investigated why its top claims consistently included premature and low-birth-weight babies and complicated pregnancies, it discovered a significant financial barrier to seeking prenatal care. Women who thought they were pregnant would go to their doctor, have their pregnancy confirmed and at that time be asked for a $500 copay. Most of Haggar's employees have low family incomes; while they earn above minimum wage, they usually only have one income per family. Thus most of the pregnant women could not afford the upfront payment and would not return to their doctor until ready to deliver.

The company immediately changed its health plan provisions to fully pay for doctor visits, prenatal vitamins and delivery fees. It also initiated prenatal classes at each of its plants. Even after these changes, pregnant women still tended to visit their physician sporadically. Haggar then began requiring the patient to attend all her regularly scheduled doctor's appointments in order to receive full maternity coverage. The company also sent the patient an information packet when she precertified with the utilization review company, and gave her an infant car seat if she attended five prenatal classes.

Haggar Clothing Co. Profile

- Clothing manufacturer
- 4,500 employees
- Based in Dallas, Texas
- Plants located primarily in South Texas
- Average employee age 35
- Average 300 births per year
- 95 percent female workforce
- 50 percent of employees don't speak English; 60 percent read Spanish only
- 70 percent of employees have children
- Nonunionized

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Haggar's annual pregnancy claim costs and average cost per birth actually rose from 1988 to 1991, while the number of births dropped slightly. Paid claims in 1988 exceeded $1.7 million for 284 births, at an average cost per birth of $6,119, while in 1991, paid claims rose more than $2.2 million for 278 births and the average cost per birth topped $8,390. Only 33 percent of pregnant women attended classes in 1991, and the cost for pregnancy in the top 50 claims report was $315,138. In 1992, although aggregate claims dropped to $1.8 million, attendance at the prenatal classes fell to 25 percent and pregnancy-related costs on the top 50 claims report increased to $636,540. The program wasn't delivering the expected cost savings.

Reevaluation

Haggar reevaluated its program and discovered two major problems. First, expectant mothers would keep their scheduled appointments in the first trimester to qualify for the 100 percent copay, but not thereafter. Second, many women would not attend the prenatal classes until their seventh or eighth month of pregnancy, just to get a free car seat. The plan design wasn't the problem this time — it was that employees weren't using the program. "Marketing is crucial. The design of the program can be great," says Anne Hunt, Haggar's wellness manager, "but if no one uses it, the program doesn't matter."

Haggar began promoting the classes more aggressively, emphasizing that women should attend before they become pregnant or within their first trimester. It expanded the selection of car seats, including a toddler size to encourage second-time moms to attend. Hunt also began monthly visits with pregnant employees at each of the company's plants, helping them precertify with the utilization review company and answering their questions.

Outcomes

The numbers tell the cost savings story. In 1993, attendance in the prenatal education classes increased to approximately 72 percent and pregnancy-related top 50 claims costs dropped to $189,339. Total paid claims for pregnancy were just over $1.6 million and the average cost per birth was $5,854, both lower than when the program began. In 1994, class attendance soared to 96 percent. Total paid claims for pregnancy fell to under $1.2 million, average cost per birth fell to $5,574 and there were no pregnancy-related claims in the top 50.

Furthermore, Haggar babies are healthier, says Hunt. Although the company hasn't eliminated premature and low-birth-weight births, she says that pregnancy complications tend to be less severe. In addition, premature and low-birth-weight babies have fewer medical problems. "A couple of years ago, a low-birth-weight baby might cost us $80,000 to $100,000. Now the cost is significantly less, at about $25,000 to $30,000," says Hunt.

Tip for Success

"The commitment to these programs must come from the top. The belief must be that this process is important for everyone, from the corporation to the associate and their family."

Anne Hunt
Haggar Clothing Co.

Hunt feels that the educational component of the program is paying off. More often than not, Haggar women now "red flag" their own potential problems and monitor themselves more attentively.

The latest program change occurred in 1994, when Haggar instituted a mandatory precertification with the utilization review company in the first trimester in order to receive 100 percent medical coverage. This change substantially enhanced the company's ability to identify high-risk patients early in

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pregnancy, monitor the patient throughout pregnancy, remind her about doctor's appointments and answer medical or insurance questions.

Caring for Children

Haggar's initiatives go beyond pregnancy and childbirth. Because 70 percent of its employees have children, the company is concerned that they have adequate day care arrangements. In 1993, it began investigating a variety of options. With employees in five different cities, on-site centers would have been very costly. More significantly, Haggar discovered that the majority of employees had family members or friends care for their children. The parents were satisfied with their arrangements, so access to child care was not an issue.

At the same time, Children's Television Workshop and KEDT-TV in Corpus Christi approached Haggar's Robstown plant manager about funding a "Sesame Street" active viewing program. Sesame Street Preschool Evaluation Program was designed to help children develop social, verbal and thinking skills through active viewing followed by discussion with their parents and day care providers. This is supplemented by active storybook reading, with provider and child reading together and talking about the pictures. In 1994, Haggar and KEDT-TV began training employees, spouses and caregivers in their Robstown plant using developmental charts, children's books and activity books. Later that year, training began at the Weslaco plants. Interest has been explosive, and it is being rolled out to other Haggar plants.

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Honeywell Inc.: A Leader in Community Partnership

"Healthy companies exist in healthy communities" is the underlying philosophy of Honeywell Inc., the 100-year-old, Minneapolis-based maker of climate, aviation and safety control systems. Honeywell's work/family initiatives are an outgrowth of former CEO James Renier's interest in improving early childhood development and assisting children at risk. His efforts led to a national United Way initiative, *Success by Six*, that aims to help parents prepare their children for school — physically, emotionally and socially — by age six. The initiative, which began in Minneapolis, has been replicated in 110 cities nationwide.

"Healthy companies exist in healthy communities. We believe that by creating systemic changes in the community, benefits will flow to our own company."

Richard Green, Ph.D.*
Honeywell Inc.

Renier's interest in early childhood development extended naturally to mothers and families, particularly to pregnancy planning, prenatal care and maternal and infant health. With his support, Honeywell has pursued improvements in these areas in Minneapolis and other locations.

Way to Grow

Minneapolis, like other large cities in the United States, tends to have poorer than average maternal and child health. In 1993, the infant mortality rate was 12.1 per 1,000, compared to about 7.9 per 1,000 nationally.[14] Only 43 percent of Minneapolis's two-year-olds are fully immunized, compared with the national rate of 67 percent and the national goal of 90 percent.[15] The city's low-birth-weight rate is 8 percent compared to 7 percent nationally.[16] Way to Grow, the Minneapolis Success by Six initiative that began in 1989 with major Honeywell support and funding, is trying to counter these trends and achieve healthier, more productive families. Way to Grow encourages prevention and early intervention services and connects families with services and resources available in their community.

Way to Grow started in Minneapolis' Phillips community where Honeywell's corporate offices are located, and now operates in 7 of Minneapolis's 11 planning communities. The Phillips community is one of the poorest in the city, with more births to single women, more births to teenagers and lower education levels than other Minneapolis communities.[17] Phillips' *Tender Loving Care* (TLC) focuses on the health and educational needs of infants and children, including prenatal care and school readiness. The program, which draws its staff from the community, seeks out neighborhood families to

Honeywell Profile

- Controls manufacturer
- 50,000 employees worldwide
- Headquarters in Minneapolis, Minn.
- Major plants in Minnesota, Arizona, New Mexico and Florida
- Average employee age 43
- 300 births per year
- 64 percent male workforce
- Unionized only in Minneapolis factories (Teamster Local Union 1145)

* formerly

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- Encourage good health care of pregnant women and their infants
- Help expectant mothers overcome barriers to obtaining adequate prenatal and infant care
- Support families in their commitment to their child's education and development.

An Innovative Partnership between Business and Government

Honeywell has also developed an innovative way to address the problem of teenage pregnancy. Teenage mothers are more likely than other teens to drop out of school; to remain unskilled, underemployed and poor; and to be inadequately prepared for parenting. Young maternal age is itself a risk factor for such problems as low birth weight.[5]

Honeywell established the New Vistas School, a model public high school for pregnant teens and mothers located at Honeywell's corporate headquarters in Minneapolis. The school offers individual instruction for teen mothers, child care and early childhood education for their children and medical care for both. While Honeywell donates the facilities and maintenance, services and additional funding are provided by local government, schools and social services agencies. The school has grown from 20 teenagers in 1990 to more than 60 today. Honeywell has supported a number of similar efforts in other communities around the country.

Honeywell Benefits

Honeywell's strong commitment to the healthy development of children and families extends naturally to its own corporate benefit programs.

Work and Family Matters: Bridging the Gap

The name of the work/family program at one of Honeywell's divisions in Florida, *Work and Family Matters*, also applies to the company's broader philosophy. Honeywell has established comprehensive work/family guidelines to help employees bridge the gap between career demands and family needs. Each business unit or location uses these guidelines as a base, or minimum standard, in developing their own specific policies. Across Honeywell's U.S. locations, there are various combinations of work/family support, including on- and off-site child care centers, resource and referral services, sick child care, before- and afterschool programs, alternative work schedules and options, family leave and reimbursement accounts.

Measuring Results

Honeywell measures the success of its programs not solely on the basis of cost savings or utilization rates, but also according to how they benefit employees. For example, one division has a sick-child care program with both in-hospital and at-home care services. The in-hospital program serves mildly ill children while the at-home program provides certified home health aides or licensed practical nurses for children who are too ill to go to school or day care. A simple review of both components shows a seemingly low, 10 percent utilization rate. But for those who use it, the program meets a very pressing need and offers employees a sense of security. It is a very popular employee benefit.

Honeywell documents a return on investment in the sick child program of more than two to one. With back-up child care, employees don't miss as much work. The company compares absolute cost of the program to employee productivity as measured by daily salary times number of days used. In the first half of 1994, Honeywell's program costs were about $8,600, compared to productivity dollars of $20,600.

Employees Matter: Honeywell Health and Wellness Programs

Honeywell also operates a comprehensive, multidimensional health promotion program designed to

educate, enhance wellness and modify employee behaviors. *HealthStyles* covers fitness and nutrition, smoking cessation, disease prevention and intervention, parenting, child safety, health care consumerism, and family and mental health. There are on-site classes, fitness facilities at some locations, support groups and on-site cholesterol and breast cancer screening. Programs are targeted each year to improving outcomes in the top 10 medical claims areas.

HealthStyles includes a health incentive plan that rewards employees who practice healthy behaviors or make changes to improve their health. *Life$avers* rewards employees with $200 cash upon completion of a four part program of cardiovascular risk factor screening, cancer screenings, health education classes and physician counseling. Pregnant women are encouraged to participate, and the company is piloting the inclusion of prenatal sessions as required class components.

New or soon-to-be mothers can also take advantage of the *Nursing Mothers Program*, which encourages and supports breastfeeding of infants. The program includes breastfeeding classes, private rooms with breastpumps and a resource library. New and not-so-new parents can take advantage of a range of parenting and childhood safety classes and become part of an employee support group that meets once a month.

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Los Angeles Department of Water and Power: Men Have Babies Too

With a workforce of more than 76 percent men, an organization like the Los Angeles Department of Water and Power (LADWP) may seem an unlikely candidate for a maternal and child health program. But, in fact, it is one of the pioneers.

LADWP has a comprehensive range of employee and family-supportive benefits and a host of programs that support good maternal and child health. As at many other companies, pregnancy and childbirth top LADWP's health care cost concerns. But unlike other companies, LADWP targets men and fathers.

"Even when a company is faced with stiff competition because of industry deregulation, there is real value in offering work and family programs to its employees. This investment in the well-being of employees and their families is a strategy for the future that a company cannot afford not to do."

Faye Washington
Los Angeles Department of Water and Power

To help ensure healthy babies, moms and families, LADWP targets male employees as the first line of offense. Many males are single fathers or divorced dads with nontraditional custody arrangements. Consequently, LADWP offers work/family classes and other resources to motivate and encourage dads to be more involved with their families. Maternal and child health programs are a natural extension.

Changing corporate culture has been important to the success of LADWP's programs. Although difficult to implement, says Rona Cohen, a maternal and child health lactation consultant to LADWP, the company has made great strides. Men, fathers and work/family programs are now an integral part of the company's corporate culture and strategic planning.

The Role of Fathers

"The father plays an important role in helping to have a healthy baby — through prenatal care, postpartum recovery and breastfeeding," says Cohen. LADWP emphasizes not only education of the father on appropriate health care for his pregnant partner, but on how to support her throughout, and following, her pregnancy.

LADWP encourages fathers to abstain from smoking and maintain a nonsmoking home. It advises them to support expectant mothers' need for healthy food by eating nutritiously themselves, and encourages them to assume more household tasks so that their partner can get more rest. Fathers are also encouraged to support breastfeeding because of the health benefits to both the mother and the infant (see "Breastfeeding Support at the Workplace Can Have Bottom Line Impact").

LADWP Profile

- Water and power utility
- 9,500 employees
- Service area covers greater Los Angeles county with employees in four states (Arizona, California, Nevada and Utah)
- Average employee age 43
- 450 births a year
- 76 percent male workforce
- 52 percent minority
- Unionized

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Begun in 1988, LADWP's lactation program was one of the first in the United States, and is widely recognized as a model program. It provides classes for expectant mothers and fathers in which they learn the benefits of breastfeeding, techniques to help prevent problems and how to access assistance. A professional lactation counselor is on-site several days a week and available every day by phone to answer questions. Once a new mother returns to work she has access to on-site breastpumps, mothers rooms and cooler bags for breastmilk storage. As a result of this program, both the incidence and duration of breastfeeding have increased among LADWP employees. About 23 percent of female employees breastfeed (or pump their milk) for six months,[19] exceeding the 14.1 percent rate among all working women and equaling the rate among nonworking women.[20] Pumps are also available to the wives/partners/dependents of male employees.

The Pay-off in Better Productivity

Behind LADWP's work/family and health programs is the recognition that fathers and mothers commonly lose time on the job due to family demands. One of the company's goals is to keep employees working and productive. For example, fathers-to-be receive beepers in the last month of their partner's pregnancy, which can minimize distractions during the workday.

For every $1 spent on work/family programs, LADWP can document at least $2.50 in savings. The return on lactation programs is three to one, due to savings from earlier return to work and less absenteeism due to fewer sick babies. When illnesses occurred, 25 percent of all one-day maternal absences were among breast-fed babies and 75 percent were among the formula-fed group.[21]

Working with HMOs

As one of the first users of health maintenance organizations (HMOs) in the United States, LADWP and its workforce are very familiar with managed care, with virtually all (99 percent) employees enrolled in HMOs. Working closely with the HMOs to improve quality and manage costs, LADWP is developing disease management models for asthma and high-risk pregnancies.

Asthma is the most prevalent medical condition among children of LADWP employees, yet the company found its HMOs treat it in a dozen different ways. LADWP wants to obtain agreed-upon "best practices" and standardize treatment of the condition across all the HMOs to ensure consistency of care and to serve as a baseline for quality evaluation.

High-risk pregnancies are another target area for medical management. For example, there is great variation among the HMOs in the criteria used to determine when a pregnant woman needs to stop working or have bedrest to prevent premature delivery. Also, once bedrest has been prescribed, there are many different treatments for the condition but little or no data on their quality or success. Again, LADWP wants to implement protocols for decision making, standardize the management of the condition, educate the patient and monitor the outcomes. These efforts may be reinforced by a new agreement with the HMOs to put up to 10 percent of premium at risk for attainment of certain performance and outcome goals.

Plans for the Future

LADWP's health benefits are very rich, providing first dollar coverage for employees and dependents (up to the family rate of a leading HMO in the area). In 1994, the company spent $55 million on health care for its 17,000 covered lives, almost 6,000 of them dependents. While LADWP's work/family and health education programs are open to dependents, recruitment is difficult. One audience LADWP would like to reach are employees' children and grandchildren, among whom smoking is widespread.

*formerly

Monfort, Inc.: Partnering with the Public Sector

Monfort, Inc., a meatpacking company and wholly owned subsidiary of ConAgra, has long acknowledged the importance of preventive health care for its employees. Since 1984, it has covered and fully paid for preventive services such as well baby care, prenatal vitamins and mammograms. However, many women were not accessing early and appropriate maternity care.

"Business can and should work with other resources in the community to solve problems. Working together helps everyone."

Lucille Gallagher
Monfort, Inc.

A risk management investigation found women encountered various barriers when seeking care. A large majority of Monfort's employees speak only Spanish, yet there are few Spanish-speaking providers. Many women do not feel comfortable seeing a male physician, and there are cultural differences in the perceived need for early prenatal care. Therefore, many women were seeking care at public health clinics with Spanish-speaking providers — or not at all.

Public/Private Partnership

In 1990, Monfort was faced with $3 million in medical costs for care of premature and low-birth-weight babies — at 10 percent, the largest single component of total health plan costs. Lucille Gallagher, vice president of risk management, determined the company needed new ways of reaching its 21,000 employees and their families, most of whom are at 24 sites in sparsely populated areas of the West and Midwest. Rather than asking families to adapt to the health plan, Gallagher sought ways to fit the health plan to the families, concentrating her efforts at the community level. "Business can and should work with other resources in the community to solve problems. Working together helps everyone," says Gallagher. This belief led the company to investigate public and private resources and services within the communities where Monfort had plants, starting with Greeley, Co., where the company is headquartered and has the greatest concentration of employees.

Recognizing that many of its employees felt more comfortable with the local public health department, Monfort pursued a partnership with the agency. The Weld County Health Department, which has a prenatal clinic, also provides other women's health preventive services and is staffed with bilingual employees. Monfort and Weld County worked out a contractual arrangement in which the health department now provides Monfort families with preconception and family planning services, prenatal checkups, screening tests and well-baby care, including immunizations. Employees fill out no forms and pay no medical copayments or deductibles. Clinic staff encourage and help pregnant employees to enroll in Monfort's prenatal program, *"Healthy Moms...Babies...and*

Monfort Profile

- Meat-packing subsidiary of ConAgra
- 21,000 employees
- Based in Greeley, Co.
- 24 plants in the West and Midwest; other miscellaneous operations
- Average employee age 34
- 645 births per year
- 65 percent male workforce
- High proportion of Spanish-speaking employees
- Nonunionized and unionized locations

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Families." The partnership began in mid-1994 and today serves many women, 60 percent of whom are identified as high risk.

A Comprehensive Approach to Family Health

Monfort's "*Healthy Moms...Babies...and Families*" (HMBF) is available on a voluntary basis to all employees and their dependents. "It is a self-responsibility plan to increase prenatal care participation, encourage and support healthy lifestyle behaviors, and reduce preconception health risks and pregnancy complications," says Pat Campbell, director of employee health and wellness. The program is administered by Monfort's corporate Employee and Family Health and Wellness Department, but implemented at each plant with the involvement of plant management, health services coordinators, occupational nurses and employee volunteers. HMBF "incorporates a worksite climate of support with rewards and incentives, volunteer worksite groups, community services and resource partnerships, and health promotion and education."[22] Its three-phased approach to women's health is outlined below.

Prenatal Care Coverage

Monfort covers a comprehensive set of prenatal care benefits: regular prenatal check ups, prenatal vitamins, nutritional counseling, genetic evaluation and home health visits. Eligible pregnant employees or spouses pay no copayments or deductibles for these benefits, but HMBF added a new dimension of incentives and rewards to further encourage compliance. Upon enrollment, pregnant or preconceptional women receive an information packet about HMBF and the requirements and incentives for receiving rewards, a lifestyle health risk assessment, community referral resources and, if pregnant, reminder cards to go for regular prenatal visits.

Participants who follow all the requirements receive a $50 gift certificate for infant supplies. To encourage use of the money for this purpose, participants receive an additional $50 in cash when they submit a receipt for the purchases.

Tip for Success

"Listen to employees and spouses and find out the barriers to care. Don't expect to mold people to your health care plan. Mold the plan to the people."

Lucille Gallagher
Monfort, Inc.

Education and Information

Educational materials and classes are designed to increase awareness of health risks related to pregnancy, build healthy lifestyles and improve the well-being of families and their children. Some prenatal health risks targeted for intervention are smoking, poor nutrition, prior low-birth-weight children, substance abuse and violence in the home.

Worksite Volunteers

Caring Partners is HMBF's peer support system, in which male and female employee volunteers are trained to sponsor and support expectant parents. They help them effectively use resources at the worksite and within the community, provide support and encouragement, help identify and eliminate barriers to adequate prenatal care, encourage healthy lifestyles and assist in risk reduction.

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Successes

Since 1990, Monfort's maternity costs have dropped dramatically. In 1994, costs associated with complicated pregnancies totaled $426,000, with only one case exceeding $200,000. Gallagher attributes this reduction primarily to early identification of complicated or high-risk pregnancies, continuous education, support and lifestyle modification and adequate prenatal care. In addition, an aggressive communication program, including radio spots, newsletters, one-on-one contact and personal phone calls, was used to increase awareness, participation and compliance. Gallagher found an eight-to-one return on the company's overall investment.

Monfort has set specific financial and clinical outcome goals for its prenatal programs, with a goal of reducing complications of pregnancy by five percent per year over five years, with concurrent reductions in health care cost.

Value of Marketing

Another major contributor to the success of these programs is comprehensive and creative marketing. "You must get employees to understand and buy into the need for these programs," explains Gallagher. Monfort attacks the marketing side with gusto. Health services staff are ongoing ambassadors for health promotion and wellness; local radio stations broadcast public service announcements on healthy lifestyles and prenatal care; newsletters, posters and materials are distributed; and the Monfort Prenatal Clinic and corporate staff make personal contact with all plant management teams.

Monfort also targets employees' spouses, who typically are harder to reach. Information distributed at the worksite may never reach them, and employees may convey inaccurate or incomplete information. HMBF's third phase includes *Neighbor-to-Neighbor*, which addresses spouses' informational needs by inviting them to form neighborhood support groups. Get togethers are held to help spouses understand and get the greatest value from the company's employee benefits, wellness and preventive care plans, and to share support.

Monfort also sponsors *Date Night*, a quarterly prenatal educational program offered in conjunction with the North Colorado Medical Center. Pregnant women and their spouses are invited to two evenings out at the medical center for complimentary dinners and child care to discuss activities that promote healthy pregnancy outcomes. Tours of the Monfort Birthing Center also are offered. Funded equally by Monfort and the medical center, Date Night provides a way to directly inform and educate couples on healthy pregnancies and appropriate prenatal care. It also gives employees and their spouses two complimentary evenings out together — without the kids!

Future Initiatives: Making Health Care More Accessible

Despite Monfort's significant efforts to promote and support preventive health care, the rural locations of its plants often make access to physicians and health care providers difficult. Unlike employees in large cities who can generally extend a lunch hour for a physical or screening test, many of Monfort's employees must drive long distances and be away from work a good portion of the day. Making routine health and preventive care more accessible is a continuing goal for Monfort. Ongoing research and efforts are underway to define strategies to meet unique local health care needs.

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Dallas-Fort Worth Business Group on Health: Defining Value

When the Dallas-Fort Worth Business Group on Health (DFWBGH), with the help of the Washington Business Group on Health and the Health Resources and Services Administration's Maternal and Child Health Bureau, surveyed their 170 corporate members on their top five health care concerns, pregnancy and childbirth topped the list.

Together, the companies represent 247,000 employees plus another 300,000 dependents and spend an estimated $813 million on health care. The group, which includes many of the Dallas-Fort Worth area's major employers such as American Airlines, Frito Lay, Trammell Crow, Texas Instruments and J.C. Penney, was concerned not only about their high costs but also about their inability to measure the value of their expenditures and relate them to clinical outcomes.

"Our members don't know how to measure the value of health care services they purchase. We realized that without baseline information, starting a purchasing group would mean we would have to contract with providers solely on price. And that wasn't good enough."

Marianne Fazen, Ph.D.
Dallas-Fort Worth Business Group on Health

The group started 12 years ago, initially as an educational forum on health care reform. It later considered becoming a health care purchasing group, but hasn't had reliable information on quality of care among area hospitals and physicians. "The members really don't know how to measure the value of health care services they purchase," says Marianne Fazen, Ph.D., executive director of DFWBGH. "We realized that without baseline information, starting a purchasing group would mean we would have to contract with providers solely on price. And that wasn't good enough."

Health Care Value Group

In late 1994, the business group started a project to develop a way to measure the value of medical services. Called the ***Health Care Value Initiative***, the project is a collaborative effort between businesses and providers, working through the local hospital council and the Dallas medical society. Because of initial concerns about pregnancy and childbirth, these are the first areas the group is studying.

Although DFWBGH serves as the coordinator and facilitator, it is the providers who are actually making the decisions on what to measure. In an uncommon move, DFWBGH asked community providers — both hospitals and physicians — what criteria they would want to be measured against to assess value in pregnancy and childbirth. Physicians were pleased to be included, noting that it was the first time they had been invited to participate and have an equal voice with hospitals.

A team of ob/gyns and neonatologists are defining the value indicators for pregnancy and childbirth quality measurement. Criteria under consideration on the hospital side include length of stay, low birth

Dallas-Fort Worth Business Group on Health Profile

- 170 member coalition
- 247,000 employees
- 300,000 dependents

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weight, prematurity, C-section rate, and readmission, complication and maternal and infant mortality rates. On the physician/office side, the criteria include performance of diagnostic tests, management and counseling of high-risk patients, appropriate and continuous prenatal treatment and distribution of educational material. A third component is a health risk assessment and patient satisfaction survey.

"As we improve our ability to identify best demonstrated value in the health care system, we become more capable of making knowledge-based decisions that will improve the health of women and children and the rest of the community as well."

Judy Hoffman*
Trammell Crow Company

What's Next?

After these indicators are agreed upon, the project will move to the data collection and analysis stage. An outside information management consultant will work with all Dallas and Fort Worth hospitals and a selected group of physician practices to collect necessary clinical data on provider practices.

In spite of the pressure to create a purchasing group, the immediate goal is to set solid, mutually agreed-upon goals in maternal and child health care, treatment and outcomes. By working with the health care community, DFWBGH hopes to reduce variability in how services are delivered, set baseline quality criteria and quantify the value of services purchased.

*formerly

First Chicago NBD: A Leader in Strategic Health Information Management

The seventh largest bank holding company in the country, First Chicago NBD has a workforce of about 35,000. It was formed December 1, 1995, by the merger of First Chicago Corporation and NBD Bancorp. Data in this profile focuses on First Chicago Corporation. About two-thirds of its workers are female, while 77 percent are of childbearing age. Pregnancy represents 15 percent of First Chicago's $45 million in annual health care costs and 48 percent of its short-term disability absences. The company averages 800 births a year.

"All that claims show you is the past. We want to look at the future."

Wayne Burton, M.D.
First Chicago NBD

In 1996, First Chicago NBD was ranked number two among the top ten healthiest companies for women by *Working Woman* magazine. Companies' performance was evaluated based on six categories: choice of health plans, family coverage, reproductive health, mental health, disease prevention and wellness.[23] First Chicago was also named one of the 100 best companies for working mothers by *Working Mother* magazine. The companies that made this list demonstrated formal policies and support in four key areas: pay, opportunity to advance, child care and family friendly benefits. These distinctions have become extremely competitive as more companies seek recognition for their efforts to support working parents.[24]

Fortune named First Chicago one of America's healthiest companies for its extensive preconception, pregnancy and postpartum education programs and medical services.[25] *Fortune*'s list was drawn from the 16 winners of the prestigious C. Everett Koop Health Award over the prior three years. Named for the former U.S. Surgeon General, the highly competitive Koop Awards honor companies with demonstrably efficient and effective health care programs that have reduced demand for care by helping people stay healthy.[26]

The First Chicago programs honored represent only a fraction of its comprehensive policies and initiatives for working parents. The company has integrated a broad set of medical, wellness and preventive care benefits with short-term disability and family leave, flexible work arrangements and child care programs.

Women's and children's health and well-being are a high priority for First Chicago, which is one of Chicago's 10 largest employers. An on-site ob/gyn provided by its medical plan vendor conducts gynecological and prenatal exams. Female medical plan members planning a pregnancy are encouraged to participate in a preconception health risk appraisal program, which alerts women and their physicians to potential risks so that steps can be taken to modify behavior and/or diet before conception. A prenatal education program is offered to all First Chicago employees, including those in HMOs, with either on-site classes or videos. The company provides a $300

First Chicago NBD Profile

- Seventh largest bank holding company in United States
- 35,000 employees
- Based in Chicago, Ill.
- Average employee age 36
- Two-thirds female workforce
- Nonunionized

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credit toward a pregnant woman's medical plan deductible if she completes the prenatal program by the 16th week of pregnancy. Once a new mother returns to work, the company has lactation rooms and electric breastpumps to support continued breastfeeding. All employees may work with their managers to arrange a flexible work schedule, and may tap into the company's child care resource and referral program.

Family Health

In addition to its emphasis on women's health, First Chicago is also very interested in employees' families. More than one-half of the company's health care costs are on behalf of covered dependents, says Wayne Burton, M.D., first vice president and medical director. "We want to design wellness and preventive strategies targeted not only at our employees but at their families," says Burton. "Yet until recently, the company had very little information about health risks to families."

One of the few companies to formally evaluate family health and risks (see Kellogg profile), First Chicago piloted a family risk appraisal survey in late 1994, using an assessment tool developed by the University of Michigan. At the company's request, two area HMOs funded the project. They sent out questionnaires to 1,000 employees who had had family health coverage for at least one year. As an incentive to complete the questionnaire, one HMO offered a self-care booklet and the other a first aid kit. Early results are available and offer First Chicago interesting food for thought.

For example, more than 20 percent of respondents said their children were exposed to passive smoke in the home. The survey also seems to indicate a higher than expected tendency toward depression among adults aged 19-34. Using claims data, the company will compare its medical and disability costs to the risks identified in the survey.

The Importance of Understanding and Using Data

First Chicago is able to support medical and other program initiatives because it developed a sophisticated tool for measuring the impact on costs and quality of care. The company has invested in a highly sophisticated in-house integrated health data management system (IHDMS) that goes beyond pure claims analysis. "All that claims show is the past," says Burton. "We want to look at the future."

First Chicago's IHDMS can identify where health care dollars are being spent, how costs relate to other benefit programs and how new programs and interventions relate to health and other workplace outcomes like absenteeism and productivity. Not only does the IHDMS allow the user to investigate the source of medical claim costs such as number of admissions, length of stay and costs for various procedures, but it integrates multiple data sources to help identify and understand the interrelationships of medical, benefits, health promotion, work/family programs, absenteeism and disability costs.

First Chicago's system integrates data from

- Inpatient and outpatient medical claims
- Health risk assessments
- Prescription medications
- Medical department records
- HMO encounters
- Employee assistance program records
- Disability and absence records
- Physical examinations
- Wellness programs
- Handicapped designations
- Laboratory test results
- Employee and dependent demographics.

One way the company has used its IHDMS is to evaluate the effectiveness of its prenatal education

program. The program uses the March of Dimes *Babies and You* format, which includes three on-site (or videotaped) classes run by a First Chicago registered nurse trained by the March of Dimes. The classes cover healthy childbearing, early prenatal care, and exercise and nutrition during pregnancy.

First Chicago used its IHDMS to compare childbirth costs, utilization rates and quality measures of program participants with nonparticipants. Even in the program's early years, the results are startling and overwhelmingly support the value of good prenatal education. Over the period from 1989 to 1991, normal delivery costs were $7,593 per participant compared to $9,986 for a nonparticipant. C-section rates for nonparticipants were 28 percent compared to 19 percent for participants. Program participants had a low-birth-weight rate of three percent versus four percent for nonparticipants. New data for 1992 to 1993 show similar results. Women who have C-section deliveries are generally off work about two weeks longer than those who have a vaginal delivery. Participants in the prenatal education program had shorter disability absences from work averaging 1.5 fewer workdays.

First Chicago also uses the IHDMS to compare C-section rates among HMOs. The company will no longer contract with those whose rate is excessive.

Tip for Success

"Create an incentive for participation in programs. Use the incentive to move high risk women into behavioral modification."

Wayne Burton, M.D.
First Chicago NBD

Future Initiatives

An area of increased interest for First Chicago is preconception care. "Prior to conception, medical problems can be corrected, exposures removed and good health habits promoted," according to Burton (see "A New Corporate Strategy: Promoting Healthy Babies before Conception"). The company already uses a prepregnancy health risk appraisal, but Burton would like to do more. Because of the strong evidence of the benefits of folic acid to prevent birth defects, he would like to initiate programs designed to educate women on the value of nutrition and diet and to encourage folic acid supplementation in the diet. He would also like to target women with diabetes, who are at risk for having babies with birth defects. Research has shown that management of diabetes prior to conception can significantly reduce the frequency of birth defects.[27]

Ultimately, however, efforts must go beyond education, says Burton. "People confuse prenatal education with prenatal care. We want to move women who are high risk from education to behavior modification."

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Kellogg Company: We Are Family

As a "maker of quality products for a healthier world,"[28] Kellogg has a long history of promoting consumer health and nutrition and extends this message to its employees. Since 1993, when *FEELING GR-R-REAT™*, the company's health promotion program, began, Kellogg's vision of a healthier workplace has evolved into a comprehensive complement of extensive medical benefits, work-place friendly policies, health promotion, prevention and wellness programs and medical self-care initiatives.

When considering maternal and child health issues, Kellogg doesn't separate working mothers and children from the rest of the workforce — it views the family unit in its entirety. Fathers, even grandparents, are increasingly involved in the care of children, sharing responsibility for doctor's appointments, school functions and day care.

With the passage of the Family and Medical Leave Act (FMLA), most companies are required to allow new fathers as well as mothers to take up to 12 weeks of job-protected leave to care for a newborn or newly adopted child. Although the law would allow certain employees to be exempted, Kellogg extends the option to all workers. Few dads, however, have taken advantage of the opportunity. One of the obstacles, says William Mayer, M.D., MPH, vice president, medical affairs, may be that the leave is unpaid and many men may not be able to afford to take it. Paid leave for new fathers is rare,[29] and even among men who can afford unpaid leave, the corporate culture at many companies may be sending a different message. A company may not encourage men to stay home with a new baby, may not adequately inform them about leave programs and may indirectly send the message that taking leave is a bad career move.

Mayer hopes to change that. Early in 1995, he became the first father to take advantage of Kellogg's family leave program. Combining a week of vacation with six weeks of FMLA leave, he spent seven weeks at home with his new son and family. Management and employee reaction to his leave was generally positive, says Mayer, and corporate culture seems to be changing.

Workplace Flexibility

Kellogg encourages its employee parents to be involved in their children's education and health care and provides them with the workplace flexibility to do so. Until 1995, salaried employees could schedule their office time around certain core hours. That year, Kellogg implemented a full flextime policy that allows employees a completely flexible schedule built around a 7-1/2-hour-day work requirement. Now employees, with the approval of their supervisors, can devise a schedule that works best for both; it can even change from one week to the next. Kellogg also allows employees to use three of their ten annual sick leave days to care for an ill family member, and allows three paid personal or excused leave days for any reason.

Kellogg Company Profile

- Ready-to-eat cereals and grain-based convenience foods manufacturer
- 6,700 employees in the United States
- Headquarters in Battle Creek, Mich.
- Average employee age is 44
- 160 births per year
- Predominantly older, 63 percent male workforce
- Unionized (American Federation of Grain Millers)

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EXPRESSly for Mothers

Like many other employers, Kellogg has experienced significant downsizing and budget cuts over the past several years. However, this didn't stop the company from accommodating employees' work/family needs. For example, in early 1993 nursing mothers at the company's corporate headquarters let the human resources department know that Kellogg's facilities weren't conducive to breastfeeding. There were no private rooms, the bathrooms had no electric outlets for breastpumps and there were no refrigerators for storing expressed milk. Even though the company did not currently have, and did not expect to have, a large number of new mothers, it created EXPRESS rooms. There, lactating women can sit in a private room equipped with comfortable chairs, electric outlets and refrigerators and listen to soft music as they express milk.

Tip for Success

"To really improve personal health, we must collaborate with the provider community."

William Mayer, M.D., MPH
Kellogg Company

Measuring Family Health Status and Risk

As a leading provider of cereal products since 1906, Kellogg has a long history of promoting health and the reduction of health risks. Now it's taking the next step and extending this investment to its employees and families.

In collaboration with the Health Institute of Tufts New England Medical Center, Kellogg developed a survey of its health benefits, satisfaction with medical care, and employee and child health and well-being. Health risk assessments (HRAs) are not new, and many companies use them to provide individual feedback to employees about their health risks. Similarly, some employers use employee satisfaction surveys to evaluate their medical plans. But family assessments are rare. (First Chicago NBD, also profiled here, has the only other known family HRA). Says Mayer, "It didn't make sense to find out only about employee health when children's health is so important to the family and to the value of our programs."

The survey was administered to a random sample of 2,000 Kellogg employees. Through an intensive education and information campaign, in which an outside research company was brought in to conduct group meetings and explain why and how the company was conducting the survey, Kellogg got an 80 percent response rate. It is using the data to design and evaluate programs to improve health and measure patient satisfaction.

Survey information also is shared with the medical community, Kellogg's managed care organization and its own medical staff to better address identified problems. "To really improve personal health, we must collaborate with the provider community," says Mayer.

"It's too early to look at outcomes. It's all process at this point," says Mayer. But the process has been extraordinarily successful. For example, Kellogg's health survey verified earlier claims data information that asthma was prevalent, especially among children. More than 10 percent of children covered by the survey had been diagnosed with asthma. In response, Kellogg and the local plan board governing its managed care network developed an extensive provider and consumer education campaign aimed at better treatment and management of asthma.

Health Promotion and Prevention Supported by Benefits Plan Design

The design of Kellogg's managed care program encourages employees to seek out primary and preventive care by covering any services the primary care physician deems appropriate. This allows physicians to take the time to fully educate and counsel patients on such things as drug and alcohol use, nutrition, exercise and injury prevention.

Texas Instruments: Promoting Health Excellence through Teaming

Maternal and child health program initiatives at Texas Instruments (TI) have been shaped by some of the same values that guide business excellence at the Dallas-based electronics company: customer focus, continuous quality improvement and cost-effective design.

TI introduced its prenatal *Start Smart* program in 1989. Initially the program targeted "high-dollar" pregnancies. A case management model was used to identify and manage high-risk cases, and antipartum complications were managed at home when possible.

Tip for Success

"Clarify goals before starting."

Marsha McCabe
Texas Instruments

Participant surveys identified several opportunities for improvement. Employees felt the program wasn't really designed for them unless they were high risk. They also felt that information was distributed inconsistently and duplicated that provided by hospitals and physicians. New mothers were also frustrated with the absence of such return-to-work support features as flexible work arrangements and benefit options.

The feedback sparked the creation of an integrated team to tackle a "customer-focused" redesign process. Staff members from benefits, work/life, medical, health promotion and fitness services met to redesign and enhance the program model. Focus groups were conducted to find out what participants liked or disliked about the program and what features would be of greatest value to them.

Program Changes Focus

After a year-long process of systematic listening, learning and planning, TI introduced a new Start Smart program in 1994. Greater emphasis was placed on return to work, results reporting and a work environment that promotes balance of work and family demands.

The new program provides improved information on use of alternative work schedules, FMLA, telecommuting options and short-term disability benefits. To further enhance return to work, Start Smart now provides "mothers rooms" for breastfeeding at all locations and at some of the on-site fitness centers. A board-certified lactation consultant is available by phone. Reimbursement accounts, child care discounts, parenting classes and on-site seminars and exercise class opportunities also are offered.

Enrollment and access to information were simplified and centralized by instituting a toll-free *Health Answer Line* (HAL) for women to call as soon as pregnancy is confirmed. The HAL staff complete precertification and connect the caller to the case management nurse service. Customized Start Smart information packets are sent by the nurse service, outlining and summarizing participants' benefits and

Texas Instruments Profile

- High-technology electronics corporation
- 34,500 United States employees
- Headquarters in Dallas, Texas
- 40 percent female
- Average United States employee age 41
- 1,200 births per year
- Nonunionized

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highlighting support programs. A six-month postpartum survey is sent to every enrollee to get feedback about her experience throughout pregnancy and return to work.

Satisfaction has greatly improved. The new Mothers Rooms are highly valued and appreciated, and the HAL service is well utilized.

"Our experience with applying a team approach to the design process with Start Smart will be a blueprint for future design efforts. The efficiency and impact to be gained benefit the employee and the company."

Marsha McCabe
Texas Instruments

Integrated Approach Drives Improvements

In 1995 TI began a new initiative to more fully integrate its health-related programs and services. *Health Excellence* promotes a shared responsibility between employee and employer for achieving optimal health, work performance and quality of life. With case management transferred to Health Excellence, Start Smart continued its evolutionary process.

Experienced nurse counselors are now available toll-free 24 hours a day, 365 days a year, and health education and counseling support are available from preconception through baby's first year. The program improvements are designed to

- Help all participants through a safe and healthy pregnancy, delivery and postnatal period with support, follow-up and education
- Enhance knowledge of medical care during pregnancy
- Offer additional self-care resources. For instance, Start Smart participants are now linked to other services that support positive behavioral improvements, such as smoking cessation.

Coordinating the Start Smart program through the health decision support service also has improved program tracking, analysis and reporting capabilities. TI can now gather client profile information and detailed aggregate data on pregnancy outcomes, and participant satisfaction is monitored on an ongoing basis.

Teaming Is the Key

Although it is early for data evaluation, initial reports show a marked improvement in employee satisfaction. "Our experience with applying a team approach to the design process with Start Smart will be a blueprint for future design efforts. The efficiency and impact to be gained benefit the employee and the company," says Marsha McCabe, TI's health promotion director.

Bottom Line Results

In addition to the companies profiled in this report, numerous other employers have experienced a very positive return on their investment in maternal and child health. Some of these are profiled below.

Champion International Corporation

Champion, a manufacturer of paper, pulp and wood products with employees in major mills, sales offices, timberlands and nationwide warehouse locations, provides special incentives for the company-wide Prenatal Health Program. Incentives include a copy of *What to Expect in the First Year* (or *What to Expect in the Toddler Years* if not the first child) and a $50 gift certificate for "The Right Start Catalog" (if compliant with the program). Compliance involves calling a toll-free case management number before week 12 and maintaining regular doctor visits.

Program components include toll-free utilization review, maternity risk assessment, individualized case management by an ob/gyn nurse, educational resources and postpartum consultation. Employees and dependents enrolled in the Champion indemnity plan are eligible. Champion's health plan pays for charges related to

- Pregnancy and delivery
- Prenatal vitamins, which are covered by a prescription plan (retail or mail order) and subject to deductible and copayment
- Deposit for prenatal care and delivery
- Routine well-child care visits (six visits from birth to age one, three visits from age one to two, one visit per year from age two to five).

Data from 1992-1994 shows a reduction in cost per maternity case for vaginal deliveries of 8.6 percent and 16.7 percent reduction in number of days hospitalized. For C-section deliveries there was a 4 percent decrease in cost and 16.7 percent decrease in number of days hospitalized. Additionally, the C-section rate dropped 14.6 percent, from 28.8 percent in 1992 to 24. 6 percent in 1994.

"For every $1 spent on work/family programs, we can document at least $2.50 saved. The return on our lactation program is three-to-one."

Beverly King*
Los Angeles Department of Water and Power

CIGNA

Headquartered in Philadelphia, CIGNA is one of the largest health care, insurance and financial services organizations in the United States, with a 70 percent female workforce. In 1995, the company was honored with the prestigious C. Everett Koop National Health Award for its successful disease prevention and health promotion program. *Working Well*, CIGNA's five-year-old workplace wellness initiative, includes the prenatal program *Healthy Babies*.

Implemented in 1991, Healthy Babies rewards early and regular prenatal care with a $50 savings bond, provides expectant mothers with educational materials and promotes healthy lifestyle changes. In 1994, CIGNA's estimated savings from the program exceeded $2 million. In comparing indemnity insurance claims of 225 Healthy Babies participants with 2,100 nonparticipants over two years, a study showed that participants had less-complicated pregnancies and healthier birth outcomes than nonparticipants. For example, the rate of premature deliveries was 5 percent for Healthy Babies participants and 17 percent for nonparticipants while the average cost per birth was $5,141 for a participant versus a weighted average of $14,116 for nonparticipants. Most of the difference is attributed to premature birth costs.

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CIGNA also helps women balance work and family obligations by offering flextime, telecommuting, protected family leave, part-time work, job sharing, child care referrals, a market that offers nutritious take-home meals, on-site child care at two locations, lactation centers and a host of other support programs.

E.A. Miller

Maternity benefits once constituted 30 percent of health care costs at E.A. Miller, a ConAgra beef-packing plant in Hyrum, Utah. This has been reduced to about 10 percent. E.A. Miller requires pregnant women to visit a physician in their first trimester and both expectant parents to attend prenatal education seminars in order to be reimbursed for delivery and hospital costs.

Franklin Life Insurance Co.

The Franklin Life Insurance Co. in Springfield, Ill., has conducted a prenatal education program since 1979. It consists of three sessions on nutrition, growth and fetal development and what happens in labor. Eighteen months after the program's inception, the company found absences during pregnancy decreased an average of 4.5 days. The average time off for birth and recovery also dropped from 15 weeks to 6 weeks for a normal vaginal birth. Furthermore, 85 percent of new mothers returned to work, decreasing turnover costs.

"Our program is a success if one person calls and we identify a complication early on. That makes it all worthwhile."

Kay Carter
Federal Express Corporation

Marriott International Inc.

One of the world's largest lodging and hospitality companies, Marriott uses a toll-free telephone line to improve communication with its multilingual workforce. The *Associate Resource Line* connects employees with multilingual social workers who provide information, resources and consultation on a multitude of personal issues, such as child care and parenting, elder care, domestic violence and drug abuse. Assistance is available in more than 150 languages.

"For every ten calls to our resource and referral line, one employee won't quit."

Donna Klein
Marriott International Inc.

In 1995, more than 1,000 employees at all salary levels in Colorado, Florida, Georgia, Illinois and Texas used the service. The intervention is having an extraordinary impact on employee productivity and turnover, with year-end 1995 reports indicating a nine-to-one return on investment. Marriott plans to take the service national in 1996.

Motorola

One of the world's leading providers of wireless communications, semiconductors and advanced electronic systems and services, Motorola was a winner of the first Malcolm Baldridge National Quality Award in 1988 in recognition of its company-wide quality processes. With approximately 160,000 employees worldwide, Motorola has some 78,000 in the United States, approximately 37 percent of them female.

In 1991, the company began offering an educational, prenatal screening benefit, *Special Delivery*, in which nurses provide information on prenatal care and preparation for work/parenting responsibilities. Program highlights include health risk screening, an educational booklet on prenatal care, access to an extensive medical and social services referral network, access to a 24-hour baby hotline with trained obstetrical nurses and a referral network, a loaned Motorola pager and program incentives such as a personalized baby blanket and $100 U.S. savings

bond — if enrollment occurs during the first trimester of pregnancy.

Program costs plus incentives totaled approximately $750,000 for 3,883 participants during the period 1991-1994. Special Delivery has demonstrated a three-to-one return on investment through a reduced pre-term birth rate and corresponding lower delivery costs.

Sunbeam-Oster Appliance Company

With an 80 percent female workforce averaging 24 years old, this appliance company saw dividends on its prenatal program very quickly. Sunbeam-Oster started its program in 1985, after a spate of premature births costing an average of $29,000 each. The program is required for all pregnant employees and open to spouses on a voluntary basis. At an annual cost of $14,000, the program is run by registered nurses and involves classes, blood pressure monitoring, weight control and other physiological testing. The company saw its maternity costs at two plants plunge from a per pregnancy average of $27,242 to just $2,893 after instituting the program.

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Spotlight: Breastfeeding Support at the Workplace Can Have Bottom Line Impact

Employers that provide support for new mothers who wish to continue to breastfeed after returning to work can reap substantial benefits. While there is well-documented evidence in the medical literature that breast-fed babies are healthier than formula-fed babies, until recently there have been no analyses of the impact on employer costs of programs that support breastfeeding.

In a recent study of lactation programs run by LADWP and the Aerospace Corporation, infants who were breast-fed had 33 percent fewer illnesses than bottlefed infants and 21 percent fewer illnesses that led to a parent's absence from work. The overall net impact of the programs was to decrease absenteeism by 28 percent and sick child health care claims by 36 percent.[86]

"There is a strong cultural component surrounding breastfeeding that needs to be addressed through all available routes including obstetricians, pediatricians, employers, women, men and state and local health departments."

Cris Bisgard, M.D., MPH
Delta Air Lines, Inc.

Women working outside the home tend to breastfeed their infants for shorter periods than nonemployed mothers. Although 55 percent of working mothers breastfeed, only 10 percent continue breastfeeding for six months after birth, compared to 24 percent of mothers not employed.[87] The Healthy People 2000 goal is to have 75 percent of mothers breastfeeding directly after birth and 50 percent until the child is 5-6 months old.

Women often discontinue breastfeeding upon return to work because of poor workplace support and/or facilities. Mothers must be able to express milk regularly in order to maintain their supply. Employers can help by allowing breaks and flexible work hours so that women can pump or breastfeed. They can provide a comfortable and private space for pumping, and rent or purchase electric breastpumps to shorten the time employees need to express their milk. They can also provide refrigerated space to store milk and access to a lactation consultant, and can educate employees, their families and supervisors about the importance of breastfeeding and encourage their support.

"Fathers can make or break the breastfeeding experience."

Rona Cohen, R.N., M.N., FPNP, IBCLC
Los Angeles Department of Water and Power

While more and more companies are implementing work and family programs such as day care arrangements, flexible work schedules and prenatal education, few have instituted on-site lactation programs. It is becoming increasingly clear, however, that companies that do so experience reduced turnover after birth of an employee's child, higher employee productivity, lower employee absenteeism and lower child medical costs. Lactation programs also serve as an added recruitment incentive for women.

"The key to success," says Rona Cohen, lactation consultant to LADWP and the Aerospace Corporation and Sanvita national program manager, is a "comprehensive program with multiple aspects of support." While proper facilities are important, even more significant are visibility and outreach efforts to all of a company's populations, education of both the mother and father, counseling by on-site lactation professionals, 24-hour access to help and peer support. "Making a room available without pumps and little flexibility to use them doesn't constitute an effective lactation program," observes Cohen.

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Spotlight: A New Corporate Strategy: Promoting Healthy Babies before Conception

A growing commitment to prevention among corporate medical directors and benefit managers is helping employees get a head start on having healthy babies. These professionals are going beyond programs targeted to women already pregnant to address the needs of babies before conception. Wayne Burton, M.D., first vice president and medical director of First Chicago NBD, is a strong believer in the value of preconception care. "Those who provide obstetric care are generally asked to enter the race to deliver a healthy baby only after the race has begun. Prior to conception, medical problems can be corrected, exposures removed and good health habits promoted," he says.

"Prior to conception, medical problems can be corrected, exposures removed and good health habits promoted."

Wayne Burton, M.D.
First Chicago NBD

Prepregnancy planning is particularly valuable in reducing the risk of birth defects. Certain defects of the brain and spine, called neural tube defects (including spina bifida), may be prevented by taking folic acid prior to conception. Because neural tube defects occur by the fourth week of gestation, before many women know they are pregnant, it is important for any woman planning a pregnancy to start taking folic acid on a regular basis. The U.S. Public Health Service recommends that "all women who are capable of becoming pregnant should consume 0.4 milligrams of folic acid per day."

Studies estimate that consumption of folic acid prior to and during pregnancy reduces the risk of neural tube defects by at least 50 percent.[3] Averting even one case of spina bifida can yield substantial cost benefits to parents and employers. The condition is estimated to cost $349,000 per year in medical, education and development costs.[4]

Employers traditionally have not been involved in preconception planning. But this is changing as the value of such programs is better understood. At First Chicago, women planning a pregnancy are encouraged to attend a class led by a registered nurse and to undergo a confidential preconception risk appraisal, which includes medical history, infectious disease history, social and occupational history, diet review, reproductive history, medication history, nutritional history and family history. The responses are sent to an external, independent service that reviews and evaluates the responses, and returns a detailed personal information packet to the participant and a report to the employee's doctor. The information is designed to help the participant and her doctor understand any potential health risks and plan a medical and health regimen that will aide in the development of a healthy baby and maintenance of a healthy mother.

Monfort, Inc. employs a health care professional whose sole responsibility is for developing and maintaining a worksite preconception health promotion program. Funded for three years by the Colorado Trust, a private foundation, the program is designed to educate women on maternal risk factors associated with pregnancy complications and low-birth-weight babies. Topics include nutrition, drugs, alcohol, violence and safety, evaluating health risks and modifying risky behaviors prior to pregnancy. Monfort has enrolled 320 women in two years.

The March of Dimes Birth Defects Foundation has been active in promoting dietary and supplemental vitamin intake of folic acid. In 1993 it launched a public service campaign to enhance public awareness of the importance of preconception care. The second phase of the campaign, called Think Ahead, was rolled out in June 1995 after a survey by the Gallup Organization revealed a lack of knowledge among women about the benefits of folic acid intake prior to pregnancy. The campaign targets consumers and patients directly, but includes numerous resource materials for employers.

Spotlight: Purchasing Value in Maternal and Child Health Programs

The drive for quality and value in health care includes a strong emphasis on appropriateness, cost and outcomes of maternal and child health services. Provider quality evaluation tools, such as HEDIS, "report cards" and many corporate purchasing standards commonly include multiple measures in maternal and child health.

HEDIS

The Health Plan Employer Data and Information Set (HEDIS), initially developed in the early 1990s by employers and managed care organizations through the facilitation of WBGH and the National Committee for Quality Assessment (NCQA), has become widely used for measuring quality of health care. Of the 12 measures of clinical quality presented in HEDIS 2.0 and 2.5, one-third are directly related to maternal and child health: childhood immunizations, childhood asthma, prenatal care in the first trimester and low-birth-weight deliveries. In addition, obstetric-related hospital stays and C-section rates are two indicators used to measure resource use and appropriateness of care.

"Maternal and child health issues are important to the coalition because of the variation in treatments and practices. There is a lot to be gained from improving birth outcomes, both financially and emotionally."

Ann Robinow
Business Health Care Action Group

Although the scope and scale of performance measurement are limited in HEDIS, many purchasers of health care and managed care experts believe it is an excellent start and a strong foundation for growth. NCQA is developing the next generation of HEDIS measures, version 3.0, to accommodate changes in information system capabilities, market structures and clinical knowledge.

"Report Cards"

Many HMOs and other managed care organizations are developing their own "report cards" on plan performance — including quality of care and cost management — to provide purchasers a profile of the plan's performance across a set of criteria, and against some benchmarks and averages. United HealthCare and US Healthcare, for example, have published the results of their report cards. They include measures of pediatric immunizations, low birth weights, cesarean sections and hospitalizations for asthma. *Health Pages*, a consumer-oriented magazine, features articles on maternity care and provides community-specific comparative information on hospitals and providers to employees of certain corporations.

Digital Equipment Corporation

Digital Equipment Corporation, a national supplier of computer systems, software and services, is a pioneer in developing quality of care measures and using purchasing standards to evaluate and select HMOs. In early 1990, the company worked with three HMOs and the Massachusetts Medicaid agency to develop clinical indi-

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cators for evaluation of quality of health care services. Obstetrics ranked as a health priority and was among the top five diagnostic categories. Clinical indicators for measuring performance in obstetric care included cesarean-section rates and prenatal care in the first trimester, both of which were later incorporated into HEDIS 2.0 measures.

Digital's standards articulate expectations in quality as well as access, data, financial solvency and mental health and substance abuse. Digital goes beyond HEDIS measures, specifying greater detail in certain areas and generally applying more aggressive expectations to its HMOs. Like HEDIS, Digital's standards will continue to evolve, becoming more sophisticated in measuring capabilities and broader in scope.

FAcct

The Foundation for Accountability (FAcct), a coalition of purchasers and consumers, is developing quality measures to make it easier to evaluate health care performance. FAcct's first measures will allow Americans to compare how well medical groups or health plans treat diabetes, breast cancer and depression. FAcct has also endorsed satisfaction and health risk measures that reveal how patients assess the treatment they receive and whether health systems do a good job of preventing or reducing unhealthy behaviors such as smoking.

Malcolm Baldridge Award

The Malcolm Baldridge Award's Health Care Quality Pilot Criteria (1995) have been developed to promote quality improvement in health care, recognize successful organizations and foster the sharing of best practices. These criteria are based on core values, including

- Patient focused quality and value
- Continuous improvement and organizational learning
- Community health and public responsiveness
- Design quality and prevention.

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Spotlight: Compelling Reasons to Invest in Maternal and Child Health

Prevention

- More than 60 percent of private-sector preterm births and low-birth-weight cases are preventable.[30]
- Twenty percent of American babies are born to women who received inadequate prenatal care.[31]
- More than $6 in neonatal intensive care costs could be saved for every $1 spent on prenatal care.[32]
- Neonatal intensive care costs in the United States range from $20,000 to $400,000 per baby.[33]
- Almost 60 percent of all pregnancies in the United States are unintended, either mistimed or unwanted altogether — a percentage higher than that found in several other Western democracies.[34]

Risk Factors

- Between 11 and 21 percent of low-birth-weight births are attributable to maternal smoking.[35]
- Almost 17 percent of mothers reported smoking during pregnancy, doubling their risk of bearing a low-birth-weight baby.[36]
- Sudden Infant Death Syndrome is more than three times as likely to occur to a child who has been exposed prenatally to smoke.[37]
- Only one in five women who smoke quit during pregnancy.[38]
- More than 20 percent of pregnant women drink alcohol.[39]
- Nearly 20 percent of pregnant women use one or more illegal substances at some point during the prenatal period, leaving their babies prone to serious physical and mental disabilities, behavioral problems and learning impairments.[40]

Low Birth Weight

- In 1994, low-birth-weight (less than 2,500 grams or 5 pounds, 8 ounces) births rose slightly to 7.3 for 1994 from 7.1 to 7.2 percent for 1992-1993 births. The percent of preterm infants remain unchanged at 11 percent.[41]
- Almost all low-birth-weight infants require special attention. Although many function normally during childhood and beyond, they are more likely than children of normal birth weight to experience health and developmental problems. Recent medical and technological advances have increased the survival rate for the very tiniest infants and have led to increased concern about the demands these survivors place on their families and the rest of society.[42]
- Low-birth-weight babies are 64 percent more likely to attend special education classes than normal birth-weight babies.[43]
- Total medical costs for a low-birth-weight infant average $400,000.[44]
- Lifetime medical costs of caring for a premature baby is conservatively projected to be $500,000 per case.[45]

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Cesarean Delivery

- In 1994, the overall cesarean delivery rate was 21.2 per 100 deliveries,[46] the lowest since 1985 but approximately four times the rate in 1970 (5.5).[47] Of the estimated four million live births, 14.9 percent were first-time cesareans, 26.3 percent vaginal births after cesareans and 78.8 percent were other vaginal deliveries.[48]
- Cesarean delivery rates differed by maternal age, number of prior cesareans, region, hospital size and ownership and expected source of payment.[49]
- In 1993, the cost of maternity care (physician fees and hospital charges) for a cesarean delivery averaged 50 percent more than for a normal vaginal delivery – $11,000 compared to $6,400, respectively. Costs also varied considerably among regions of the country. In a MetLife study, average charges for a cesarean differed by as much as 77 percent, ranging from $13,700 in New York to $7,730 in Oklahoma.[50]

Insurance

- Approximately 16 percent of all children under 18 living in the United States in 1993 had no medical insurance for at least part of the year.[51] Children without health insurance often go without needed primary and preventive health care services, which can lead to the need for more costly chronic and acute care services later in life and can contribute to excessive job absenteeism among their parents. From 1989 to 1993, the percentage of children covered by employer-based health insurance decreased from 63.2 percent to 57.6 percent.[52]
- Only a third of $34 billion in annual costs for maternity is due to normal deliveries. The remaining costs are for cesareans, premature births, home care, diagnostic testing and pharmaceuticals.[53]
- Medical insurance is five times less likely to be available to part-time employees of medium and large companies.[54]

Child Care

- More than 38 percent of working mothers experienced a disruption in child care arrangements in 1993 that required an alternative arrangement. Twelve percent of these women lost time from work.[55]

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Tips for Success

"Clarify goals before starting."

Marsha McCabe, Texas Instruments

"Know and analyze your health care data to identify what areas you need to address, then develop a strategy to solve the problems."

Lucille Gallagher, Monfort, Inc.

"Establish a relationship with physicians, one that is nonadversarial, but rather a partnership."

Lola Chriss, Texas Instruments

"Create an incentive for participation in programs. Use the incentive to move high-risk women into behavioral modification."

Wayne Burton, M.D., First Chicago SBD

"Seek out and encourage top executive sponsorship for work/family programs."

Richard Green, Ph.D.*, Honeywell Inc.

"Understand what employees want and need."

Marsha McCabe, Texas Instruments

"Learn from those who have done it and modify for your own situation."

Richard Green, Ph.D.*, Honeywell Inc.

"Listen to employees and spouses and find out the barriers to care. Don't expect to mold people to your health care plan. Mold the plan to the people."

Lucille Gallagher, Monfort, Inc.

"Bring all levels of company and community resources into the process. Partnering with human service providers improves employee well-being and public relations."

Lucille Gallagher, Monfort, Inc.

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"The commitment to these programs must come from the top. The belief must be that this process is important for everyone, from the corporation to the associate and their family."

Anne Hunt, Haggar Clothing Co.

"Collaborate with the provider community."

William Mayer, M.D., MPH, Kellogg Company

"Look for ways that consumers can be more active participants with purchasers and providers in making decisions about diagnostic and treatment choices, provider selection, wellness initiatives, and lifestyle programs."

Diana Kerr, Greater Detroit Area Health Council, Inc.

"One thing you learn in this business is that there are always new challenges. Nobody has a lock on good ideas."

Beverly King*, Los Angeles Department of Water and Power

"Marketing is crucial. The design of the program can be great, but if no one uses the program, the program doesn't matter."

Anne Hunt, Haggar Clothing Co.

"Business can and should work with other resources in the community to solve problems. Working together helps everyone."

Lucille Gallagher, Monfort, Inc.

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Wyeth-Ayerst Laboratories

Resources

WBGH is an active member of the Partnership for Information and Communication (PIC) established by the Health Resources and Services Administration's Maternal and Child Health Bureau to enhance communication among a diverse group of professionals and government leaders and policymakers. As members of PIC, the following organizations have made available a variety of useful resources.

Association of Maternal and Child Health Programs

1350 Connecticut Avenue, NW, Suite 803
Washington, D.C. 20036
(202) 775-0436
contact: Cathy Hess, Executive Director

Association of State and Territorial Health Officials

415 Second Street, NE, Suite 200
Washington, D.C. 20002
(202) 546-5400
contact: Gail Perry, Project Director, Maternal and Child Health

CityMatCH

University of Nebraska Medical Center
Department of Pediatrics
600 South 42nd Street
Omaha, NE 68198-2170
(402) 559-8323
contact: Magda Peck, Executive Director

Family Voices

PO Box 769
Algodones, NM 87001
(505) 867-2368
contact: Polly Arango, Director

Grantmakers in Health

1130 Connecticut Ave, NW, Suite 700
Washington, D.C. 20036
(202) 452-8331
contact: Catherine McDermott, President

Healthy Mothers, Healthy Babies Coalition

409 12th Street, SW
Washington, D.C. 20024-2188
(202) 863-2458
contact: Lori Cooper, Executive Director

National Association of City & County Health Officials

440 First Street, NW, Suite 500
Washington, D.C. 20001
(202) 783-5550
contact: Grace Gorenflo, Director of Personal Health Programs and Policies

National Center for Education in Maternal and Child Health

Georgetown University
2000 Fifteenth Street North, Suite 701
Arlington, VA 22201
(703) 524-7802
contact: Laura Kavanagh, Director, Division of Policy

National Conference of State Legislatures

1560 Broadway, Suite 700
Denver, CO 80202-5140
(303) 830-2200 Ext. 193
contact: Martha King, Program Principal, Health Services Program

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National Governors' Association

444 North Capitol Street, NW, Suite 267
Washington, D.C. 20001
(202) 624-5851
contact: Randy Desonia, Director, Health Policy Studies Division

Additional selected resources include:

American Academy of Pediatrics

141 Northwest Point Blvd.
Elk Grove Village, IL 60007-1098
(800) 433-9016
contact: Jackie Noyes, Director, Washington Office (202) 347-8600

American College of Nurse-Midwives

818 Connecticut Ave., NW, Suite 900
Washington, D.C. 20006
(202) 728-9871
contact: Karen S. Fennell, R.N., M.S., Senior Policy Analyst

American College of Obstetricians and Gynecologists

409 12th Street, SW
Washington, D.C. 20024
(202) 638-5577
contact: Cathy Bryant, Government Relations

The Annie E. Casey Foundation

701 St. Paul Street
Baltimore, MD 21202
(410) 547-6600
contact: Bill Rust, Director of Communications

Center for the Future of Children

The David and Lucile Packard Foundation
300 Second Street, Suite 102
Los Altos, CA 94022
(415) 948-3696
contact: Richard Behrman, Managing Director

Children's Defense Fund

25 E Street, NW
Washington, D.C. 20001
(202) 628-8787
contact: Gregg Haisley, Senior Program Associate

The George Washington University Child and Adolescent Health Policy Center

2021 K Street, NW, Suite 800
Washington, D.C. 20006
(202) 296-6922
contact: Michele Solloway, Senior Research Scientist

Health Resources and Services Administration's Maternal and Child Health Bureau

Parklawn Building, 18th Floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2170
contact: Audrey H. Nora, M.D., MPH, Director, Assistant Surgeon General

Johns Hopkins University Child and Adolescent Health Policy Center

Johns Hopkins University School of Hygiene and Public Health
624 North Broadway, Room 192
Baltimore, MD 21205
(410) 550-5443
contact: Holly Grason, Director

March of Dimes Birth Defects Foundation

National Office
1275 Mamaroneck Ave.
White Plains, NY 10605
(914) 428-7100
contact: Ellen Cutler, National Director, Worksite Programs

National Association of Children's Hospitals and Related Institutions

401 Wythe Street
Alexandria, VA 22314
(800) 228-9290
contact: Lisa Tate, Vice President for Public Affairs

National Maternal and Child Health Clearinghouse

2070 Chain Bridge Road, Suite 450
Vienna, VA 22182
(703) 821-8955, ext. 254
contact: Information Specialist

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Since 1990, WBGH's National Business Partnership to Improve Family Health has worked to spotlight and stimulate innovative corporate efforts to improve maternal and child health. The Partnership, a private/public collaboration, is funded by WBGH member companies and the Health Resources and Services Administration's Maternal and Child Health Bureau. This report was funded by the Health Resources and Services Administration's Maternal and Child Health Bureau, Pharmacia & Upjohn, Inc. and the March of Dimes Birth Defects Foundation. Contact: Miriam Jacobson, Director, or Mary Hebert Kolarek, Manager, at (202) 408-9320, fax (202) 408-9332, jacobson@wbgh.com, or kolarek@wbgh.com, or WBGH, 777 N. Capitol Street, NE, Suite 800, Washington, D.C. 20002.

Health Resources and Services Administration's Maternal and Child Health Bureau

The Health Resources and Services Administration's Maternal and Child Health Bureau provides leadership to both the public and private sectors in building the structure for health care services delivery to all mothers and children in the Nation. Its principal statutory responsibility, administering the Maternal and Child Health Services Block Grant, was originally enacted in 1935 as Title V of the Social Security Act. An important Bureau responsibility is to assist low-income or isolated populations who would otherwise have limited access to care. Contact: Audrey H. Nora, M.D., MPH, Director, Assistant Surgeon General at (301) 443-2170, fax (301) 443-1797, anora@hrsa.ssw.dhhs.gov or Health Resources and Services Administration's Maternal and Child Health Bureau, Parklawn Building, Room 18-05, 5600 Fishers Lane, Rockville, MD 20857.

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